

APPENDIX A


This certifies that all Site Acceptance Testing (SAT) have been completed for the Rapiscan product described below. All inspections and tests have been satisfactorily completed, and the product is ready for use. Test records are on file and available for review on request.


| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------|
| Contract Number: HSTS04-07-D-DEP346 | | |
| Airport Code: <u>FLL</u> | Site Location: <u>FORT LAUDERDALE</u> | |
| Delivery Order Number: <u>6</u> | System Serial Number: <u>7090408</u> | |
| AT Model Type: <u>620 DV</u> | AT Software version number: <u>2008.409.3001.43</u> | |
| System TSA Property Tag Number: <u>407576</u> | Terminal/Checkpoint/Lane Location: <u>TEROT 4 LN1</u> | |
| High-Speed TSA Property Tag Number: <u>7090408-11</u> | Roller table TSA Property Tag Number: <u></u> | |
| INSTALLATION AND VISUAL INSPECTION | ACCEPT | DECLINE |
| Verify the following physical components have been installed on the system against the current BOM and CI List: | | |
| Chassis Assy, RAP 6XX-DV, WBS; P/N 2311376 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Conveyor Frame, Entry/Exit, 27", 620DV; P/N 4031642 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vertical X-ray Generator Assy, 180Kv; P/N TA55130/180-H | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Curtain Strip, X22; P/N 4042022 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Monitor, LCD, 19" Flat Panel Display; P/N 1310865 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Switch, Footmat; P/N 131049 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify UL Certification is present on Machine Identification Label | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Test materials are assembled and ready. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Test Readiness Review has been submitted to TSA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| RADIATION SAFETY | ACCEPT | DECLINE |
| The measured level of radiation at all four sides of the AT unit's radiation cabinet does not exceed 0.5 mR/hr (500 µR/hr). The source of the criterion is the FDA 21 CFR 1020.40, Cabinet x-ray systems. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SITE PARAMETER SETTINGS | ACCEPT | DECLINE |
| Verify system software version <u>2008.409.3001.43</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Software version: | | |
| Reset Bag Counter: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If Bag counter not reset, record bag count here: | | |
| Verify and set Airport Code setting <u>FLL</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Airport Code: | | |
| Verify and set Site Location setting <u>FLL</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Site Location: | | |
| Verify and set system date and time settings | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify and set generator settings | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify and set main conveyor belt direction | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify and adjust system generator and detectors settings | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (160 ± 1 Kv / 1 ± 0.5 mA expected) Generator Anode Current: | | |
| FUNCTIONAL TEST AND VERIFICATION – Procedure I | ACCEPT | DECLINE |
| Verify login to AT system is successful | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify screen displays scan mode upon login | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify screen displays Image review mode | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify screen displays Image Archive mode | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify that report can be downloaded to a flash key | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| FUNCTIONAL TEST AND VERIFICATION – Procedure II | ACCEPT | DECLINE |
| Verify keys on keypad function correctly via control panel test. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify Search indicators and buzzer are functional | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | |
|------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| Verify X-ray indicators are functional | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify footmat operation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify that all E-stops are functional | <input type="checkbox"/> | <input type="checkbox"/> |
| Verify that High Speed Conveyor stops when E-stop is pressed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify that no X-rays are created when no baggage is in the tunnel | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verify that when the system is turned on the key can not be removed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| FUNCTIONAL TEST AND VERIFICATION – Procedure III | ACCEPT | DECLINE |
| Verify that High Speed conveyor and Extended hood are installed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| High Speed Conveyor TSA Property Tag No.: | | |
| Verify that entrance roller table/s are installed and attached to the system. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Entrance Roller table(s) TSA Property Tag No.: | | |
| Verify that the exit roller table/s are installed and attached to the system or High Speed Conveyor. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Exit Roller table(s) TSA Property Tag No.: | | |
| Verify that HSC moves in forward direction (Towards the exit) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| SYSTEM PERFORMANCE VERIFICATION – Procedure I | MIN SCO RE | VERTICAL VIEW | | HORIZONTAL VIEW | |
|---------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | ACCEPT | DECLINE | ACCEPT | DECLINE |
| Test 1 – Wire Resolution | 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test 2 – Useful Penetration | 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test 3 – Spatial Resolution | 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test 4 – Simple Penetration | 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test 5 – Thin Organic Imaging | 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test 6 – IQI Sensitivity Test | 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test 7 – Organic / Inorganic Differentiation | 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test 8 – Organic Differentiation | 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test 9a – Useful Organic Differentiation | 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test 9b – Useful Organic Differentiation | 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test 9c – Useful Organic Differentiation | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verify that the AT system meets or exceeds the minimum levels of performance as specified in ASTM standard F792-01. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | ACCEPT | | DECLINE | |
| Verify during ASTM Testing that Image Processing Keys are present and function. | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | |

Exceptions, Explanation or Comment: 3 Additional Roller tables

 03-02-09 Date
 Rapiscan Authorized Signature

 3/3/09 Date
 TSA Representative

RADIATION SURVEY

APPENDIX B

| | | | | | | | |
|---------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| Department of Transportation Federal Aviation Administration | | X-RAY SYSTEM RADIATION LEAKAGE REPORT (BAGGAGE INSPECTION) (Require by 14 CFR 108.17, 14 CFR | | FIELD TEST SERIAL NO. | | Form Approved OMB No. 2120-0098 | |
| 1.1 Name and Address of Facility | | Name of Facility (10.80) FORT LAUDERDALE INTL AIRP | | FDA Region | | St. No. R.R. or Airline/Airport (10.80) | |
| Address of Facility | | City (10.73) FLL | | State Code FL | | Zip Code | |
| and Specific Location of X-ray System | | Room No. for Other Location of System (10.32) | | Person Interview (39-54) [REDACTED] | | Telephone No. | |
| Certification Label Present | | Instruments: (type and serial number) INOVISION | | Model: 451P | | Serial No. 607 | |
| 1.2 Manufacture And Product ID | | A. Manufacture (Responsible Firm) Rapiscan Systems | | B. Mfr. Code | | C. System Model No. and/or Name 620 DV | |
| D. | | Unique I.D. | | E. System Serial No. 7090408 | | | |
| F. Date of Manufacture | | Mo. JAN Yr. 2009 | | 1.4 Operator Instructions Available YES | | 1.5 Maintenance Schedule Available YES | |
| 2.0 Warning Labels | | 2.1 Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" | | 2.2 Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard" | | 2.3 Two Indicators Labeled "X-Ray On" Present at Controls (One May Be Labeled "mA Meter") | |
| Indicators | | 2.4 At Least One Indicator, X-Ray Marked "X-Ray On", Visible from Each Port, Door, And Access Panel YES | | 3.0 Interlocks | | 3.1 "Captured Key" Control YES | |
| 3.2 Door Safety Inter-Locks | | A. Minimum Number of Interlocks Visible At Any One Door YES | | 3.3 Prevention of X-Radiation By Interlocks | | A. All Doors and Access Panels That Were Tested Prevent Generation of X-Radiation YES | |
| B. At Least One Interlock Dependent on No Moving Part Except Door YES | | | | | | B. Use of X-Ray Control Necessary to Resume Operation Following Interruption YES | |
| 4.0 Ports and/or Apertures | | 4.1 Some Part of the Body Can Be Inserted Through a Port into The Primary Beam NO | | 4.2 Some Part of the Body Can Be Inserted into the Aperture NO | | | |
| 6.0 Baggage Inspection Systems | | 6.1 Means Provided to Ensure Operator Presence at the Control Area YES | | 6.2 Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing YES | | | |
| 7.0 Leakage Radiation | | Specific Test Procedure Used 94 | | 7.1 Scatter Block Description | | | |
| 7.2 Technical Factors | | 160.8 kVp | | 1.007 mA | | | |
| 7.3 Location Levels | | Non-Continuously Activated Systems Only Number of Exposures Initiated | | Location Exposure Levels | | Non-Continuously Activated Systems Only Number of Exposures Initiated | |
| 05 | | 023 mR/hr INPUT exp | | 06 | | 018 mR/hr TOP exp | |
| 021 mR/hr OUTPUT exp | | 014 mR/hr BOTTOM exp | | | | | |
| 017 mR/hr RIGHT exp | | 019 mR/hr HOOD exp | | | | | |
| 013 mR/hr LEFT exp | | | | | | | |
| 07 | | Reasonable Number of Exposures That May Be Initiated in One Hour | | OR | | Duty Cycle of System Indicated As a Percentage of One Hour 100% | |
| 08 | | 8.0 Additional Information | | | | | |
| 09 | | 8.1 | | | | | |
| 10 | | 8.2 BEAM 370 | | | | | |
| 10 | | 8.3 | | | | | |
| Remarks: | | | | | | | |

RADIATION SURVEY POSITIONS DIAGRAM APPENDIX F

Tunnel Input End

| | | |
|----------|----------|----------|
| 25 1A | 30 2A | 46 1C |
| 44 2A | 50 2B | 50 2C |
| 47 3A | 45 3B | 44 3C |
| CONVEYOR | | |

Tunnel Output End

| | | |
|----------|----------|----------|
| 26 4A | 32 4B | 36 4C |
| 41 5A | 41 5B | 41 5C |
| 42 6A | 41 6B | 41 6C |
| CONVEYOR | | |

| | | |
|-----------|-----------|----------|
| 10 7A | 19 7B | 17 7C |
| 15 8A | 22 8B | 20 8C |
| 19 9A | 17 9B | 14 9C |
| 15 10A | 16 10B | |

Left Hand Side

| | | |
|-----------|-----------|-----------|
| 5 11A | 32 11B | 18 11C |
| 18 12A | 24 12B | 15 12C |
| 15 13A | 12 13B | 9 13C |
| 9 14A | 15 14B | |

Right Hand Side

Extended Hood Window

| | | |
|-----------|-----------|-----------|
| 16 15A | 13 15B | 18 15C |
| 13 16A | 19 16B | 19 16C |
| 18 17A | 18 17B | 18 17C |